



APPLICATION FOR DIRECT DEPOSIT OF RECURRING PAYMENT

State Form 39175 (R7 / 8-08)

* PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory; this form will not be processed without the information

INSTRUCTIONS: 1. Please type or print and use black ink.
2. Upon completion, mail this form to PERF, 143 West Market Street, Indianapolis, IN 46204. You may also fax it to 317-234-5922.
Please note: Information received in our offices after the 13th may not go into effect for your next check.

STEP 1: Complete payee information.

Status of payee (check one) <input type="checkbox"/> Retiree (Complete numbers 1 – 9 and sign.) <input type="checkbox"/> Survivor Annuitant (Complete numbers 1 – 11 and sign.) <input type="checkbox"/> Revocable trust (Complete Step 1 [with signature] and PERF's Revocable Trust Authorization and Affidavit.)			
1. Multiple monthly benefits Do you receive more than one monthly benefit from PERF? If yes, do you wish to have all Fund accounts electronically deposited? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Name (last, first, middle initial)			
3. Street Address (number and street)		4. City	5. State 6. Zip code
7. Member's Social Security Number *		8. Telephone number ()	
9. Select the appropriate fund(s) <input type="checkbox"/> Conservation / Excise / Gaming Officers' <input type="checkbox"/> Legislators' System <input type="checkbox"/> 1977 Police and Firefighters' Fund <input type="checkbox"/> Judges' Retirement System <input type="checkbox"/> Prosecuting Attorneys' <input type="checkbox"/> Public Employees' Retirement Fund			
10. Name of deceased person		11. Social Security Number of deceased person *	
By signing below, I agree to adhere to the terms listed under "Article A" at the bottom of this page.			
Signature of payee or power of attorney (using format "Name of POA for Name of Payee")		Date (month, day, year)	

STEP 2: Complete account information. (Please include a voided check and complete the information below.)

Name of financial institution		Address of financial institution (number and street, city, state, and ZIP code)	
Name of branch	Routing number (nine digits)	Account number	Telephone number of branch ()
Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Is this a joint account? <input type="checkbox"/> Yes (complete Step 3) <input type="checkbox"/> No	List all names on this account. Persons other than payee complete Step 3.	

STEP 3: Repayment acknowledgement. (To be completed by anyone on the bank account other than the payee.)

This section must be completed by any person other than the payee who will have access to this account. By signing below, such persons agree to notify the bank and the Fund of the payee's death promptly and further agree to be held liable for any amounts due to be returned to the Fund from the deposit account after the payee's death.			
Signature of authorized person	Name of authorized person	Social Security Number *	Date (month, day, year)
Signature of authorized person	Name of authorized person	Social Security Number *	Date (month, day, year)

NOTICE: A trust is deemed to be in effect by the operation of this instrument in the periodic transfer of funds by the payor to the financial organization acting as trustee for the lifetime benefit of the payee to retain and to revert to the payor the funds transferred after the death of the payee. This instrument is governed by Indiana law and enforceable under the jurisdiction of the State of Indiana.

Article A: By signing this form, I (payee) authorize and request the Fund to direct the net amount of such recurring payments to my account at the financial organization (Bank) designated below and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by the Fund to the Bank satisfies and discharges the obligation of the Fund to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made after my death to which I am not entitled, I hereby authorize and direct the Bank on behalf of my estate to refund said deposits to the Fund and to charge same to my account. I understand that the Bank and the Fund reserve the right to cancel this agreement by notice to me; and this authorization will remain in effect with the Fund until canceled by written notice from me.